FORM D

ORIGINAL

UNITED	STATES
UNITED	SIAILS

SECURITIES AND EXCHANGE COMMISSION

FORM D

UNIFORM LIMITED OFFERING EXEMPTION

Estimated average burden

OMB Number:

Expires:

3235-0076 April 30, 2008

OMB APPROVAL

Section 4755 S RVP

SEC

Mail Processing

FEB 0 6 2008

Washington, bo · 100

NOTICE OF SALE OF SECURITHISMSON PURSUANT TO REGULATION DIANCIAL **SECTION 4(6), AND/OR**

Prefix Serial DATE RECEIVED

SEC USE ONLY

Filing Under (Check box(es	s) that apply):	☐ Rule 504	☐ Rule 505	☑ Ru	ile 506	☐ Section 4(6)	□ ULOE
Type of Filing:	□ New Filing	☑ Amendment					
		A. BASIC II	DENTIFICATION OF THE PROPERTY	ON DA	ΤА		
1. Enter the information re	quested about the is	suer	•				
Name of Issuer (☑ check if							
Q-BLK Real Assets II (Pa		rsified Portfolio (fo	rmerly known as Qu	uellos Real	l Assets II (l	Parallel), L.P. – Quel	los Diversified Portfoli
Address of Executive Offic	es	Number and Street,	City, State, Zip Co	nde)	Telephone	Number (Including	g Area Code)
				,,	. C.Op.i.c.i.		_ ,
601 Union Street, 56th Flo		101			206-613-6	•	
601 Union Street, 56 th Flo Address of Principal Busine	or, Seattle, WA 98	Number and Street,			-	5700	
	or, Seattle, WA 98 ess Operations	•			206-613-6	5700	
Address of Principal Busine (if different from Executive	or, Seattle, WA 98 ess Operations c Offices)	•			206-613-6	5700	
Address of Principal Busine	or, Seattle, WA 98 ess Operations c Offices)	•			206-613-6	5700	
Address of Principal Busine (if different from Executive	or, Seattle, WA 98 ess Operations c Offices)	•			206-613-6	5700 e Number	
Address of Principal Busine (if different from Executive Brief Description of Busine	or, Seattle, WA 98 ess Operations c Offices)	•			206-613-6	5700 e Number	
Address of Principal Busine (if different from Executive Brief Description of Busine Private Investment Fund	or, Seattle, WA 98 ess Operations c Offices) ess	•	City, State, Zip Co		206-613-6	5700 E Number	08021B15
Address of Principal Busine (if different from Executive Brief Description of Busine Private Investment Fund Type of Business Organiza	or, Seattle, WA 98 ess Operations c Offices) ess	Number and Street,	City, State, Zip Co		206-613-6 Telephone	5700 E Number	
Address of Principal Busine (if different from Executive Brief Description of Busine Private Investment Fund Type of Business Organizat corporation	or, Seattle, WA 98 ess Operations c Offices) ess	Number and Street,	City, State, Zip Co		206-613-6 Telephone	5700 E Number	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing	partner of partners	ship issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if ind BAA Real Assets II (GenPar), I						
Business or Residence Address 601 Union Street, 56 th Floor, Se	•	treet, City, State, Zip Cod n 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	•				
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	٥	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		· · ·			
Business or Residence Address	(Number and S	Street, City, State, Zip Cod	e)			-
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	street, City, State, Zip Cod	e)		-	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		. 			
Business or Residence Address	(Number and S	street, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					<u> </u>
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
	(Use blank shee	t, or copy and use addition	nal copies of this sheet, as	necessary.)		

				B. IN	FORMAT	TION AB	OUT OFF	ERING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							Yes ☑	No				
2. What is the minimum investment that will be accepted from any individual?									\$2,000,000* *unless waived			
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a 								*unies Yes ☑	s waived No			
	ker or dealer,			nformation	for that brok	er or dealer	only.		•			
	me (Last nan	ne first, if in	dividual)									
	plicable. ss or Residen	ce Address	(Numbe	r and Street	t, City, State	, Zip Code))					
			,			-						
Name o	f Associated	Broker or I	Dealer									
States in	n Which Pers	son Listed H	las Solicited	or Intends	to Solicit Pu	irchasers						
(Che	ck "All State	s" or check	individual S	tates)	•••••	***************************************					🗖	All States
[AL] [IL] [MT] (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	me (Last nar								•			
Busines	s or Residen	ce Address	Numbe	er and Stree	t, City, State	. Zip Code	<u> </u>					
			(, • ,						
Name o	f Associated	Broker or I	Dealer									
States in	n Which Pers	son Listed H	las Solicited	or Intends	to Solicit Pu	irchasers	-					
(Che	ck "All State	s" or check	individual S	tates)		••••••••				.,		All States
[AL] [IL} [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last nar	ne first, if in	dividual)									
Busines	ss or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code))					
Name o	f Associated	Broker or I	Dealer						·			
States is	n Which Pers	son Listed H	las Solicited	or Intends	to Solicit Pu	ırchasers						
(Check "All States" or check individual States)												
[AL] [IL] [MT] [RI]	(AK) [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box and indicate in the columns below the amounts of the securities offered for exchange and elegate exchange and				
	Type of Security		Aggregate Offering Price	An	nount Already Sold
	Debt		-	S	0
	Equity				0
	□ Common □ Preferred	Ψ_	<u>~</u>	-	<u>~</u>
	Convertible Securities (including warrants)	s	0	\$	0
	Partnership Interests			\$	
	Other (Specify)			\$	0
	Total			\$	53,300,000
	Answer also in Appendix, Column 3, if filing under ULOE.			y	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	D	Aggregate ollar Amount of Purchases
	Accredited Investors	_	6	\$	53,300,000
	Non-accredited Investors		0	<u>\$</u>	0
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		m 6		
	Type of Offering		Type of Security	D	ollar Amount Sold
	Rule 505		•	\$	0
	Regulation A			<u> </u>	0
	Rule 504	_	N/A	S	0
	Total			\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			~_	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		Ø	S	75,000
	Accounting Fees		Ø	\$	25,000
	Engineering Fees			S	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		Ø	\$	100,000
	1 VMI				

C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND	US.	E OI	PROCE	EDS	
 Enter the difference between the aggregate of Question 1 and total expenses furnished in re- difference is the "adjusted gross proceeds to the" 					<u>\$</u>	299,900,000
5. Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of gross proceeds to the issuer set forth in response to Pa.	purpose is not known, furnish an estimate and of the payments listed must equal the adjusted					
		O	fficers	nents to s, Directors ffiliates	I	Payments To Others
Salaries and Fees			\$	0_		<u> </u>
Purchase of real estate			\$	0		0
Purchase, rental or leasing and installation of machin	ery and equipment		\$	0		<u> </u>
Construction or leasing of plant buildings and faciliti	ies		\$	0		<u> </u>
Acquisition of other businesses (including the value be used in exchange for the assets or securities of and			\$	0		60
Repayment of indebtedness			\$	0		<u> </u>
Working capital			\$	0_		<u> </u>
Other (specify) Investment in securities			\$	0	☑ \$	299,900,000
Column Totals			\$	0	☑ 9	299,900,000
Total Payments Listed (column totals added)				☑ \$ <u>299</u>	<u>,900,(</u>	000_
	D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnish nformation furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Commiss	ion,				
Issuer (Print or Type)	Signature			Date		,
Q-BLK Real Assets II (Parallel), L.P., on behalf of Diversified Portfolio	do Rub L)		Janus	ary [5	<u>),</u> 2008
Name of Signer (Print or Type) By: BAA Real Assets II (GenPar), LLC, in its capacity as general partner By: BlackRock Alternative Advisors GP Holdings, LLC, its sole member	Title of Signer (Print or Type)					7-31
By: BlackRock Financial Management, Inc., its managing member						
Name of Signer (Print or Type)	Title of Signer (Print or Type)			<u> </u>		
Marie M. Bender	Managing Director of BlackRock Financia	al M	anag	ement, Inc.		
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END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)